

## Unified Bowling League

## Buddy Bowling Summer Session June 7-July 26, 2003

Who: 15 years & up

When: Saturdays, 9:30 am

**Bowling Fee:** \$5 each week for 3 games, shoes, and league prizes

\$2 each week if absent for prize fund

**Registration:** \$20\* (Buddies do NOT pay registration fee)

\*Fee includes all or any part of session.

## Registration Options:

■ Mail In or Walk In

Complete the attached registration form, registration fee payable to <u>City of Tempe</u> and mail or drop off:

Adapted Recreation Pyle Adult Center 655 E. Southern Tempe, Arizona 85282



**Linda Cano, Recreation Coordinator** 

■ Fax: (480) 350-5294



## **Buddy Bowling Registration Form**

BBOWL3

www.tempe.gov/pkrec

Summer Session: June 7-July 26, 2003

\_\_\_Buddy Volunteer

				Buddy Volun	teerSpecial Athlete
Participant Name:		Date of Birth		Grade	School
Address:		APT #	City		Zip
Phone: Eve	Day	Emergency #			
		(name)			
REQUIRED: Parent or	· Legal Guardian Sig	/ mature for Participants under 18	years		
		Credit Card Number	•		Exp. Date:
Fee: \$	Signature Authorizing Charge to above number				

Info: 480-350-5260 / TDD: 480-350-5050

In Case of Emergency:					
Preferred Hospital:	Doctor:				
I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me.					
<ul> <li>With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.</li> <li>I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.</li> <li>I understand that all reasonable efforts will be extended to insure my health and safety.</li> <li>If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.</li> <li>I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.</li> <li>I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:</li> <li>I have read and clearly understand the above statements. I realize this is a contract between the City of Tempe and myself and is a release of Liability. I sign it of my own free will.</li> </ul>					
Signed (Parent or Legal Guardian for Participar	nts under 18 years) Date				
Consent Form and Photographic Release  Photographic Release					
The Buddy Bowling Program is of interest to our community. The local newspapers and television stations occasionally ask permission to photograph the participants at the site when doing reports about recreation activity if the situation presents itself during the course of the program.					
I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department feel will benefit the work for the developmentally disabled without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims, whatever which may arise in said regard.					
Pictures taken as part of the Buddy Bowling Program may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.					
Signed (Parent or Legal Guardian for Participa	nts under 18 years) Date				